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O-14: Features and Appearances of Uterine Fibromas in Hystrosalpingography

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Background: Fibroma is found in approximately 20–40% of females in reproductive ages particularly those with infertility. The latest classification scheme is Munro classification. Although Ultrasonography and Magnetic Resonance Imaging are utilized for detecting pelvic masses, Hystrosalpingography (HSG) is an important modality since it provides different distinguishable signs and appearances. We aim to depict some common and frequent diagnostic signs of the fibromas in the HSG along with schematic patterns.

Materials and Methods: The signs in HSG can help for better learning and detection. They might enlarge, elongate, displace, distort or rotate the uterine cavity. Sometimes they cause uterine atony or filling defects. Although Ultrasound, MRI and laparoscopy can roll out the fibroma too, HSG is yet at the top imaging modalities in infertility field since it provides a variety range of information from size, type and location of fibromas, anatomical changes of uterine, filling defects with reasonable price.

Results: The crescent or moon sign is seen when a fibroma presses the uterine and causes asymmetrical elongation of other side of uterine. Lamp, ball or rugby ball appearance is due to lack of uterine tonicity and when it is unilateral, it makes a fish sigh. Cat or the head of a pig sigh is seen as a result of low tonicity in the body and isthmus of the uterus. Flower sign happens as fibroma compresses the fundus and makes a fading defect. The sail appearance is seen when fibroma pushes the normal triangular shape of uterus to one side. A giraffe is a sign that stems from a huge fibroma that elongates and displaces the uterine.

Conclusion: The mentioned images and signs contribute to better learning of the fibromas detection. Using HSG and its distinctive capability, the accuracy, sensitivity and specificity in pelvic masses detection will be enhanced.

Keywords: Uterine, Fibromas, Hystrosalpingography,

O-15: Correlation Between Ovaicarian Endometriom Characteristics and Severity of Endometriosis

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Background: To identify if there is relationship between the number, size, and unilateral or bilateral ovarian endometrioma and severity of endometriosis.

Materials and Methods: A prospective cross-sectional study was conducted at Royan Institute, Tehran, Iran, between April 2010 and March 2013. All women with clinical symptoms of endometriosis, who were booked for laparoscopy, underwent a preoperative transvaginal ultrasound scan and recruited to the study (N=101). Stage of the Endometriosis at laparoscopy was considered as gold standard. All analyses were done using version 12 (Stata Corp., College Station, TX). P value<0.05 was considered as statistically significance.

Results: Mean age of the women was 30.87±4.96 years in average. Among the study patients, 33 women (%32.6) had mild endometriosis (Stage I&II), 10 (%9.9) had moderate endometriosis (Stage III) and 15 (%14.9) had severe disease (Stage IV). Grade of endometriosis by laparoscopy would increase when endometrioma size diagnosed by sonography increased (p<0.0001). Number of endometrioma in severe and moderate was higher in compare to mild, but it was not significant. Among patients without any endometrioma, 61.4% were normal in laparoscopy. 60% of patients with bilateral endometriosis diagnosed severe by laparoscopy. Most patients with unilateral endometrioma were moderate in laparoscopy grading.

Conclusion: This study indicated that there is a significant correlation between the size of ovarian endometrioma on TVS and severity of endometriosis. Therefore, grading of the disease by means of vaginal sonography, as a reliable noninvasive method, can reduce the number of diagnostic surgeries. Therapeutic laparoscopy could be performed for cyst removal in certain cases.

Keywords: Endometrioma, Endometriosis, Transvaginal Sonography, Laparoscopy

O-16: Various Hysterosalpingographic Findings of Proximal Tubal Obstruction: A Case Series

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Background: Tubal and peritoneal disease are the most common causes of infertility and can be either congenital malformation or acquired, proximal or distal, unilateral or bilateral and transient (obstruction) or permanent (occlusion).

Materials and Methods: The current methods of tubal patency assessment include laparoscopy, fluoroscopy, sonohysterography and hysterosalpingography. Although laparoscopy is the modality of choice for investigation of tubal patency and pelvic structure in many infertility centers, hysterosalpingography is still the gold standard for evaluation of tubal lumen and provides useful information about size, contour and anatomy of the inner surface of the fallopian tubes.

Results: Here we present the case series of congenital and acquired structural abnormalities of the proximal tubal pathology proven on HSG. We believe that one of these developmental defects have not been addressed in preceding medical texts.

Conclusion: Accurate diagnosis and reports of such cases are important not only for the benefit of treatment, but also to establish the true incidence of these anomalies and to consolidate embryologic concept.

Keywords: Fallopian Tubes, Proximal, Tubal Blockage, Congenital, Acquired